University of Hertfordshire	Name  Number  Cohort
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# ONGOING ACHIEVEMENT RECORD

# **NURSING**

**MSc** 









Personal Tutor.....













#### **TABLE OF CONTENTS**

The OAR document contains a summary of each placement

Mentor/supervisor checklist/comments

Sign off at each stage of the progression point

Final Sign-off Mentor verification

#### **Guidelines for OAR**

Satisfactory completion of this document is a requirement of the Nursing and Midwifery Council to enable you to be placed on the professional nursing register.

#### **Students**

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from mentor to mentor regarding your progress, highlighting any areas for development throughout the programme. Your mentor/supervisor must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure it is completed on each placement.

#### **Mentors/Supervisors**

This document provides future mentors/supervisors and the university with information regarding the student's progress. This allows you to identify any areas for development identified in previous placements. Any areas highlighted for development that can be achieved in the current placement should be incorporated into the learning plan in the PAD. Following the Final Interview on each placement, the mentor/supervisor should complete a summary of the practice placement in this OAR indicating any areas for development for future placements.

#### **Progression Points 1 and 2**

At the final placement for each Part, the mentor is required to verify that the student has successfully completed all the required elements of practice to progress to the next Part. This should be documented in the mentor/supervisors statement of overall performance.

#### **Sign-off Mentors**

As The Sign-off Mentor you will use this document to confirm the student's competence in practice and recommend entry to the NMC Register. Further supporting evidence may include the PAD documents, student portfolios, academic records and any other documentation deemed necessary. Once you are satisfied that all elements in the PAD are complete the final declaration will be signed.

Organisation/Placement provid	er:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strength	s and areas for further de	velopment	
,		·	
Grade Awarded (Bucks New U	Iniversity and Middlesex L	Iniversity Only):	
	•	, ,,	Yes/No
Has the student achieved the p			
Has the student achieved the a			Yes/No
Has the student achieved their	agreed learning and deve	elopment needs?	Yes/No
Has the student completed the	required hours?		Yes/No
Has an Action Plan been put in	place (if yes, see PAD do	ocument)	Yes/No
Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatu	re:	Date:	
Number of hours completed:	Outstanding ho	urs:	
Number of days of sickness:	Absence:	Authorised/Una	authorised
Academic Supervisor's Con (e.g. personal tutor/University rep		AD document	
Signature:		Date:	

Organisation/Placement pr	ovider:				
Name of Practice Area:					
Type of Experience:					
Telephone/email contacts:					
Start date:	End date	e:	No. of hours	allocated:	
Summary of student's strer	noths and area	as for further devi	elonment		
Summary of students stret	igins and area	as for further devi	еюритент		
Grade Awarded (Bucks Ne	ew University a	and Middlesex Ur	niversity Only):		
Has the student achieved t	he profession	al values?			Yes/No
Has the student achieved t	he agreed Es	sential Skills			Yes/No
Has the student achieved t	heir agreed le	arning and devel	opment needs	?	Yes/No
Has the student completed	the required l	hours?			Yes/No
Has an Action Plan been p	ut in place (if	yes, see PAD doo	cument)		Yes/No
Student signature:				Date:	
Print Mentor name:					
Mentor/Supervisor's sign	nature:			Date:	
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Number of hours complete	d:	Outstanding hou	rs:		
Number of days of sicknes		Absence:		Authorised/Una	uthorised
Academic Supervisor's (			AD document		
(e.g. personal tutor/University					
Signature:				Date:	

Organisation/Placement provide	er:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strengths	and areas for furthe	r development	
Grade Awarded (Bucks New U	niversity and Middles	ex University Only):	
Has the student achieved the p	rofessional values?		Yes/No
Has the student achieved the a		8	Yes/No
Has the student achieved their			Yes/No
Has the student completed the			Yes/No
Has an Action Plan been put in		.D. document)	Yes/No
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Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatur	re:	Date:	
Number of hours completed:	Outstanding	a hours:	
Number of hours completed:	Outstanding	_	المحرينة المستحمط
Number of days of sickness:  Academic Supervisor's Com	Absence:		Unauthorised
(e.g. personal tutor/University repr		ie i Ab document	
Signature:		Date:	

Organisation/Placement provide	er:	
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:
Summary of student's strengths	and areas for further de	velopment
		,
Grade Awarded (Bucks New Ui	niversity and Middlesev I	Iniversity Only):
Has the student achieved the p	rofessional values?	Yes/No
Has the student achieved the a	greed Essential Skills	Yes/No
Has the student achieved their	agreed learning and deve	elopment needs? Yes/No
Has the student completed the	required hours?	Yes/No
Has an Action Plan been put in	place (if yes, see PAD do	ocument) Yes/No
Student signature:		Date:
Print Mentor name:		
Mentor/Supervisor's signatu	re:	Date:
Number of hours completed:	Outstanding ho	urs:
Number of days of sickness:	Absence:	Authorised/Unauthorised
Academic Supervisor's Com (e.g. personal tutor/University repr		AD document
Signature:		Date:

#### **Progression Point 1**

The NMC has identified skills and professional behaviours that the student must demonstrate by the first progression point:

#### These criteria cover:

- Safety, safeguarding, and protection of people of all ages, their carers and their families.
- Professional Values, expected attitudes and the behaviours that must be shown towards people, their carers, their families, and others.

Mentor/Supervisor statement of overall performance:			
I confirm the student has achieved all the requirements of Part 1 practice	assessment.		
Mentor/Supervisor: (print name below)			
Mentor's signature:	Date:		
Student name (please print):			
Student's signature:	Date:		

# PART 1 – RETRIEVAL PLACEMENT

Organisation/Placement provide	er:	
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:
Summary of student's strengths	and areas for further de	velopment
		•
Grade Awarded (Bucks New U	niversity and Middlesev I	Iniversity Only):
Has the student achieved the p	rofessional values?	Yes/No
Has the student achieved the a	greed Essential Skills	Yes/No
Has the student achieved their	agreed learning and deve	elopment needs? Yes/No
Has the student completed the	required hours?	Yes/No
Has an Action Plan been put in	place (if yes, see PAD do	ocument) Yes/No
Student signature:		Date:
Print Mentor name:		
Mentor/Supervisor's signatu	re:	Date:
Number of hours completed:	Outstanding hou	urs:
Number of days of sickness:	Absence:	Authorised/Unauthorised
Academic Supervisor's Com (e.g. personal tutor/University repr		AD document
Signature:		Date:

Organisation/Placement provide	er:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocate	ed:
Summary of student's strengths	and areas for furth	ner development	
Grade Awarded (Bucks New U	niversity and Middle	esex University Only):	
Has the student achieved the p	rofessional values?		Yes/No
Has the student achieved the a			Yes/No
Has the student achieved their	_		Yes/No
Has the student completed the			Yes/No
Has an Action Plan been put in		AD document)	Yes/No
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Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatur	e:	Date:	
Number of hours completed:	Outstandi	ng houro:	
Number of hours completed:	Outstandi		- a via a d/l la a vith a via a d
Number of days of sickness:  Academic Supervisor's Com	Absence:		norised/Unauthorised
(e.g. personal tutor/University repr		the FAD document	
Signature:		Date:	

Organisation/Placement provide	er:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strengths	s and areas for further de	velopment	
			ļ
Grade Awarded (Bucks New U	niversity and Middlesex L	Iniversity Only):	
Has the student achieved the p	professional values?		Yes/No
Has the student achieved the a			Yes/No
Has the student achieved their		elopment needs?	Yes/No
Has the student completed the			Yes/No
Has an Action Plan been put in		ocument)	Yes/No
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Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatu	re:	Date:	
Number of bours completed:	Outstanding ho	Liro:	
Number of hours completed:	Outstanding ho		.41-0-11-0-1
Number of days of sickness:	Absence:	Authorised/Unau	tnonsea
Academic Supervisor's Com (e.g. personal tutor/University repr		AD document	
Signature:		Date:	

#### To be completed by the Mentor/Supervisor

Organisation/Placement provide	er:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strengths	s and areas for further dev	relopment	
Grade Awarded (Bucks New U	niversity and Middlesex U	niversity Only):	
Has the student achieved the p	rofessional values?		Yes/No
Has the student achieved the a			Yes/No
Has the student achieved their		lopment needs?	Yes/No
Has the student completed the			Yes/No
Has an Action Plan been put in		ocument)	Yes/No
That arriverent harrison partir	place (ii yee, eee i yib ac	Camony	
Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatur	re:	Date:	
Number of hours completed:	Outstanding hou	ire.	
Number of days of sickness:	Absence:	Authorised/Unautl	aariaad
Academic Supervisor's Com			lonsed
(e.g. personal tutor/University repr		AD document	
Signature:		Date:	

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#### To be completed by the Mentor/Supervisor

Organisation/Placement provide	ər:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strengths	and areas for further de	evelopment	
Grade Awarded (Bucks New U	niversity and Middlesex	University Only):	
Has the student achieved the p	rofessional values?		Yes/No
Has the student achieved the a			Yes/No
Has the student achieved their		relopment needs?	Yes/No
Has the student completed the			Yes/No
Has an Action Plan been put in		document)	Yes/No
That arriverent harrison partir	piace (ii yee, eee : 712 e		
Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatur	re:	Date:	
Number of hours completed:	Outstanding ho	onic.	
Number of days of sickness:	Absence:	Authorised/Unau	ithorisad
Academic Supervisor's Com			inonsea
(e.g. personal tutor/University repr		715 document	
Signature:		Date:	

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#### **Progression Point 2**

The NMC (2010) identify criteria that must be met as a minimum requirement by the second progression point.

#### These criteria cover:

- The student works more independently, with less direct supervision in a safe and increasingly confident manner
- The student demonstrates the potential to work autonomously, making the most of opportunities to extend knowledge, skills and practice

Mentor/Supervisor statement of overall performance:			
I confirm the student has achieved all the requirements of Part 2 practice	I confirm the student has achieved all the requirements of Part 2 practice assessment.		
Mentor/Supervisor: (print name below)			
Mentor's signature:	Date:		
Student name (please print):			
Student's signature:	Date:		

# PART 2 – RETRIEVAL PLACEMENT

Organisation/Placement pro	vider:			
Name of Practice Area:				
Type of Experience:				
Telephone/email contacts:				
Start date:	End date	):	No. of hours allocat	ed:
Summary of student's streng	 gths and areas	s for further deve	lopment	
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Grade Awarded (Bucks New	v University ar	nd Middlesex Un	iversity Only)	
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Has the student achieved th				Yes/No
Has the student achieved th	e agreed Esse	ential Skills		Yes/No
Has the student achieved th	eir agreed lea	arning and develo	pment needs?	Yes/No
Has the student completed t	he required h	ours?		Yes/No
Has an Action Plan been pu	t in place (if ye	es, see PAD doo	ument)	Yes/No
Student signature:			Date	:
Print Mentor name:				
Mentor/Supervisor's signa	ature:		Date	:
Number of hours completed	: C	Outstanding hour	s:	
Number of days of sickness:	: Д	Absence:	Aut	horised/Unauthorised
Academic Supervisor's C (e.g. personal tutor/University r		eview of the PA	D document	
Signature:			Date	<b>)</b> :

Organisation/Placement provide	er:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strengths	and areas for further o	development	
Grade Awarded (Bucks New Ur	niversity and Middlesex	University Only):	
Has the student achieved the pr	rofessional values?		Yes/No
Has the student achieved the ag	greed Essential Skills		Yes/No
Has the student achieved their a		velopment needs?	Yes/No
Has the student completed the		·	Yes/No
			Yes/No
		,	
Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatur			
	·e:	Date:	
	re:	Date:	
Number of hours completed:	re: Outstanding h		
Number of hours completed:  Number of days of sickness:			nauthorised
-	Outstanding h Absence:	nours: Authorised/Ur	nauthorised
Number of days of sickness:  Academic Supervisor's Com	Outstanding h Absence:	nours: Authorised/Ur	nauthorised
Number of days of sickness:  Academic Supervisor's Com	Outstanding h Absence:	nours: Authorised/Ur	nauthorised

#### To be completed by the Mentor/Supervisor

Organisation/Placement provid	er:	
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:
Summary of student's strengths	s and areas for further dev	velopment
Grade Awarded (Bucks New U	niversity and Middlesex U	niversity Only):
Has the student achieved the p		Yes/No
Has the student achieved the a		Yes/No
Has the student achieved their	agreed learning and deve	lopment needs? Yes/No
Has the student completed the	required hours?	Yes/No
Has an Action Plan been put in	place (if yes, see PAD do	ocument) Yes/No
Student signature:		Date:
Print Mentor name:		
Mentor/Supervisor's signatu	re:	Date:
Number of hours completed:	Outstanding hou	urs:
Number of days of sickness:	Absence:	Authorised/Unauthorised
Academic Supervisor's Com (e.g. personal tutor/University repr		AD document
Signature:		Date:

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Organisation/Placement provide	JI.		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strengths	and areas for further dev	elopment	
<b>3</b>			
Grade Awarded (Bucks New Un	niversity and Middlesex Ui	niversity Only):	
Has the student achieved the p	rofessional values?		Yes/No
Has the student achieved the a			Yes/No
Has the student achieved their	-	opment needs?	Yes/No
Has the student completed the			Yes/No
Has an Action Plan been put in		cument)	Yes/No
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Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatur	re:	Date:	
Number of hours completed:	Outstanding hou	ro:	
Number of hours completed:	Outstanding hou		
Number of days of sickness:  Academic Supervisor's Com	Absence:	Authorised/Unauth	iorisea
(e.g. personal tutor/University repre		AD document	
Signature:		Date:	

Organisation/Placement provid	er:	
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:
Summary of student's strengths	s and areas for further dev	velopment
Grade Awarded (Bucks New U	niversity and Middlesex U	niversity Only):
Has the student achieved the p		Yes/No
Has the student achieved the a		Yes/No
Has the student achieved their	agreed learning and deve	lopment needs? Yes/No
Has the student completed the	required hours?	Yes/No
Has an Action Plan been put in	place (if yes, see PAD do	ocument) Yes/No
Student signature:		Date:
Print Mentor name:		
Mentor/Supervisor's signatu	re:	Date:
Number of hours completed:	Outstanding hou	urs:
Number of days of sickness:	Absence:	Authorised/Unauthorised
Academic Supervisor's Com (e.g. personal tutor/University repr		AD document
Signature:		Date:

# PART 3 – RETRIEVAL PALCEMENT

Organisation/Placement provid	ler:		
Name of Practice Area:			
Type of Experience:			
Telephone/email contacts:			
Start date:	End date:	No. of hours allocated:	
Summary of student's strength	s and areas for further c	development	
Grade Awarded (Bucks New U	Iniversity and Middlesex	University Only):	
Has the student achieved the p	orofessional values?		Yes/No
Has the student achieved the a			Yes/No
Has the student achieved their		velopment needs?	Yes/No
Has the student completed the			Yes/No
		Yes/No	
That arrives on that been pact	: piace (ii yee, eee : 712	addament)	100/110
Student signature:		Date:	
Print Mentor name:			
Mentor/Supervisor's signatu	ıre:	Date:	
Number of hours completed:	Outstanding h	nours:	
Number of days of sickness:	Absence:	Authorised/U	nauthorised
Academic Supervisor's Con (e.g. personal tutor/University rep		PAD document	
Signature:		Date:	

# END OF PROGRAMME DECLARATION BY SIGN OFF MENTOR

This is to certify that student nurse
(Print name)
Has been assessed as fit to practice safely and effectively without supervision and practises at the level of competence required for entry on to the Nursing and Midwifery Council register for the United Kingdom.
'To the best of my knowledge the student has demonstrated standards and behaviours that are consistent with the standards and requirements outlined by 'The Code: standards for conduct, performance and ethics for nurses and midwives' (Nursing & Midwifery Council, 2015)
Sign-off mentor's name (please print below): NMC PIN number:
Signature Date